

ADHD Drug Therapy Safety Edits

BACKGROUND

Clinicians, advocates, and Industry Stakeholders from around the state have gathered since early November 2005 at-monthly meetings to discuss the safe and effective use of medication therapy for ADHD. The membership of this stakeholders' workgroup included representation from the Regional Support Networks, Harborview Medical Hospital, Seattle's Children Hospital, Eastern and Western State Hospital, University of Washington, NAMI, Washington State Psychiatric Association, Washington Council of Community Mental Health Centers, Washington State Health and Recovery Services Administration (HRSA) clinical and policy staff, Client Advocates, and Pharmaceutical Industry representatives. Based on hours of clinical evidence-based discussion and expert opinion, the following is an outline of the stakeholders' ADHD Drug Therapy recommendation to ensure safe use of ADHD drugs.

NON- ENDORSING PRESCRIBERS Guidelines: ADHD therapy safety edits apply to both preferred and non-preferred drugs. For a non-endorsing prescriber to obtain authorization for a non-preferred drugs, the client must have tried and failed or is intolerant to at least two preferred drugs.

ENDORSING PRESCRIBERS Guidelines: ADHD therapy safety edits apply to both preferred and non-preferred drugs.

1. Safety Edit - AGE

 Age less than 5 years - requires Prior Authorization and a HRSA-approved second opinion. The ADHD drug can be continued for 30 days while the second opinion is taking place.

2. Safety Edit - DOSAGE

Dosing limits for ages five and older:

- All doses greater than 120 mg methylphenidate, 60mg dexmethyphenidate, or 60 mg amphetamine in children less than 18 will require Prior Authorization and a HRSA-approved second opinion. Adult doses exceeding the limits will require Prior Authorization by the Medical Director; who will review clinical chart notes that must show:
 - Less risk than usual care.
 - Less cost to the state, and
 - The next step in reasonable care including tried and failed the FDA dosing.

 If the prior authorization request is denied, HRSA will allow one last 30 days of medication for the purpose of tapering the dose to within the above accepted limits.

3. Safety Edit – COMBINATIONS

- Combinations across drug types (i.e. methylphenidate with amphetamine) require Prior Authorization; tapers are authorized for a maximum of 30 days.
- o Combinations of Strattera with stimulant ADHD drugs require Prior Authorization; tapers are authorized for a maximum of 30 days.

ADHD Drugs have been added to the Washington Preferred Drug List

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Drug Class	Preferred Drug	Non-Preferred Drug			
Attention	Generic:	Generic:			
Deficit/Hyperactivity	amphetamine salt combo	pemoline			
Disorder	dextroamphetamine				
	dextroamphetamine SA	Brand:			
There will be no	methylphenidate	Adderall® (amphet asp/amphet/d-			
therapeutic substitution of	methylphenidate SA	amphet)			
these ADHD drugs at the		Dexedrine® (d-amphetamine)			
pharmacy.	Brand:	Dexedrine SA® (<i>d-amphetamine</i>)			
	Adderall XR® (amphet	Dextrostat® (d-amphetamine)			
	asp/amphet/d-amphet)	Metadate ER® (methylphenidate)			
	Concerta®	Methylin® (methylphenidate)			
	(methylphenidate)	Methylin ER® (methylphenidate)			
	Focalin®	Ritalin® (methylphenidate)			
	(dexmethylphenidate)	Ritalin SR® (methylphenidate)			
	Focalin XR®				
	(dexmethylphenidate)				
	Metadate CD®				
	(methylphenidate)				
	Ritalin LA®				
	(methylphenidate)				
	Strattera® (atomoxetine				
	hcl)				

Limitations (dose and age) on ADHD Drugs

Drug	Dosing Limitations	Age Limitations *
Metadate ER®, Methylin®,	120 mg per day	5 years of age and
Methylin ER®,		older
methylphenidate,		
methylphenidate SR,		
Ritalin®, Ritalin SR®		
Concerta® (methylphenidate	120 mg per day as a single daily dose	5 years of age and
ER)		older
Ritalin LA®	120 mg per day as a single daily dose	5 years of age and
(methylphenidate ER)		older
Metadate CD®	120 mg per day as a single daily dose	5 years of age and
(methylphenidate ER)		older
Focalin®	60 mg per day	5 years of age and
(dexmethylphenidate)		older
Focalin XR®	60 mg per day as a single daily dose	5 years of age and
(dexmethylphenidate ER)		older
Dexedrine®, Dextrostat®,	60 mg per day	5 years of age and
dextroamphetamine		older
Adderall®, amphetamine salt	60 mg per day	5 years of age and
combo, Dexedrine spansule®		older
(dextroamphetamine ER)		
Adderall XR® (amphetamine	60 mg per day as a single daily dose	5 years of age and
salt combo ER)		older

^{*} Children less than five require prior authorization.

Note: DAW-1 by an endorsing prescriber does not override age or dosing limits for the ADHD drugs listed.

Recommended Dosing for ADHD Drugs

*Medications Used in the treatment of Attention-Deficit/Hyperactivity Disorder

Generic Class (Brand)	Daily dosage Schedule	Duration	Prescribing Schedule
Methylphenidate			
• Short-acting (Ritalin, Metadate, Methylin)	Twice a day (BID) to three times a day (TID)	3-5 hrs	5-20mg BID to TID
• Intermediate-acting (Ritalin SR, Metadate ER, Methylin ER)	Once a day (QD) to BID	3-8 hrs	20-40mg QD or 40mg in the morning and 20 mg in early afternoon
• Extended-Release (Concerta, Metadate CD, Ritalin LA)	QD	8-12 hrs	18-72mg QD
Amphetamine			
• Short-acting (Dexedrine, Dextrostat)	BID to TID	4-6 hrs	5-15mg BID or 5-10mg TID
• Intermediate-acting (Adderall, Dexedrine spansule)	QD to BID	6-8hrs	5-30mg QD or 5-15mg BID
• Extended-Release (Adderall-XR)	QD		10-30mg QD

Clinical Practice Guideline: Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder. *Pediatrics* 2001;108;1033-1044.

Generic Class (Brand)	Daily Dosage Schedule	Prescribing Schedule
Dexmethylphenidate (Focalin)	Twice a day (BID) at least four hour	Up to 10mg BID
	apart	
Dexmethylphenidate extended	Once a day (QD)	Up to 20mg QD
release (Focaliin XR)		
Atomoxetine (Strattera)	QD or BID in the am and late	Up to 100mg QD in a single or BID
	afternoon/early evening	dose

FDA Product Labeling

Additional Safety Edit for all Children-SEDATIVES/HYPNOTICS

 Sedatives and hypnotics in children less than 18 year old are limited to a one-time authorization of less than 5 doses in a 30 day period